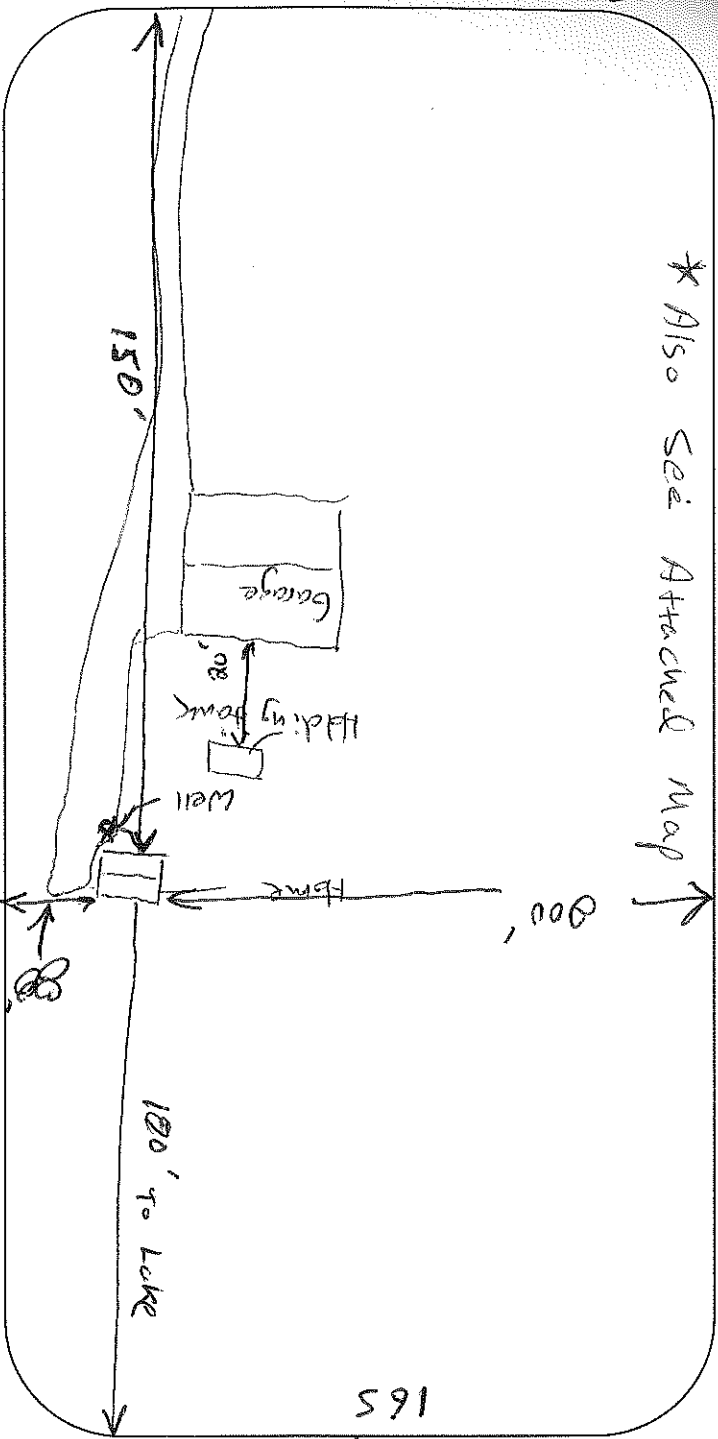


Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

ITI

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	158' Feet	Setback from the Lake (ordinary high-water mark)	180' Feet
Setback from the Established Right-of-Way	150' Feet	Setback from the River, Stream, Creek	
Setback from the North Lot Line	170' Feet	Setback from the Bank or Bluff	140' Feet
Setback from the South Lot Line	150' Feet	Setback from Wetland	
Setback from the West Lot Line	200' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	80' Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	8' Feet
Setback to Drain Field			
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. Well 1981
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11667	# of bedrooms: 1	Sanitary Date: 8-22-78	
Permit Denied (Date):	Reason for Denial: 89-896 FH # 115-# 1087 640				
Permit #: 17-0034	Permit Date: 3-6-17	2-14-83	136713 FH # 2522		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inspection Record:	contractor said they are not adding a bedroom just a studio space. J. C. Murphy				
Date of Inspection: 8-24-17	Inspected by: J. C. Murphy	Zoning District: R2b	Lakes Classification: 1-1 Superior	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)					
Contact Town Contractor WDC Inspector to see if WDC Permit/Inspection is Required for Addition.					
Signature of Inspector: [Signature]					
Held For Sanitary: <input type="checkbox"/>	Held For TIA: <input type="checkbox"/>	Held For Affidavit: <input type="checkbox"/>	Held For Fees: <input type="checkbox"/>	Date of Approval: 3-6-17	

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAR 08 2017

Permit #: 17-0048
Date: 3-10-17
Amount Paid: \$75 3-8-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <u>PETER ANNIN</u>	Mailing Address: <u>Box 249</u>	City/State/Zip: <u>COENUCOPIA, WI 54827</u>	Telephone: <u>742-3353</u>						
Address of Property: <u>8775 WEST ROAD</u>	City/State/Zip: <u>COENUCOPIA, WI 54827</u>	Cell Phone: <u>608 239-4567</u>							
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
PROJECT LOCATION: <u>SEE ATTACHES</u>	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: _____ R-_____						
<u>1/4, 1/4</u>	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage
Section _____, Township _____ N, Range _____ W		Town of: <u>Bell</u>							
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue → <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline: <u>88</u> feet	Distance Structure is from Shoreline: <u>623</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>2</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>TANK</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Deck	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	<input type="checkbox"/> _____

Existing Structure: (If permit being applied for is relevant to it) Length: 28' Width: 32' Height: 1 story + loft
Proposed Construction: Length: 19' Width: 32' Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	(<u>19' x 32'</u>)	
	with (2 nd) Deck	() X)	
	with Attached Garage	() X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X)	
	Mobile Home (manufactured date) _____	() X)	
	Addition/Alteration (specify) _____	() X)	
<input type="checkbox"/> Municipal Use	Accessory Building (specify) _____	() X)	
	Accessory Building Addition/Alteration (specify) _____	() X)	
Rec'd for Issuance			
MAR 10 2017	Special Use: (explain) _____	() X)	
	Conditional Use: (explain) _____	() X)	
Secretarial Staff	Other: (explain) _____	() X)	

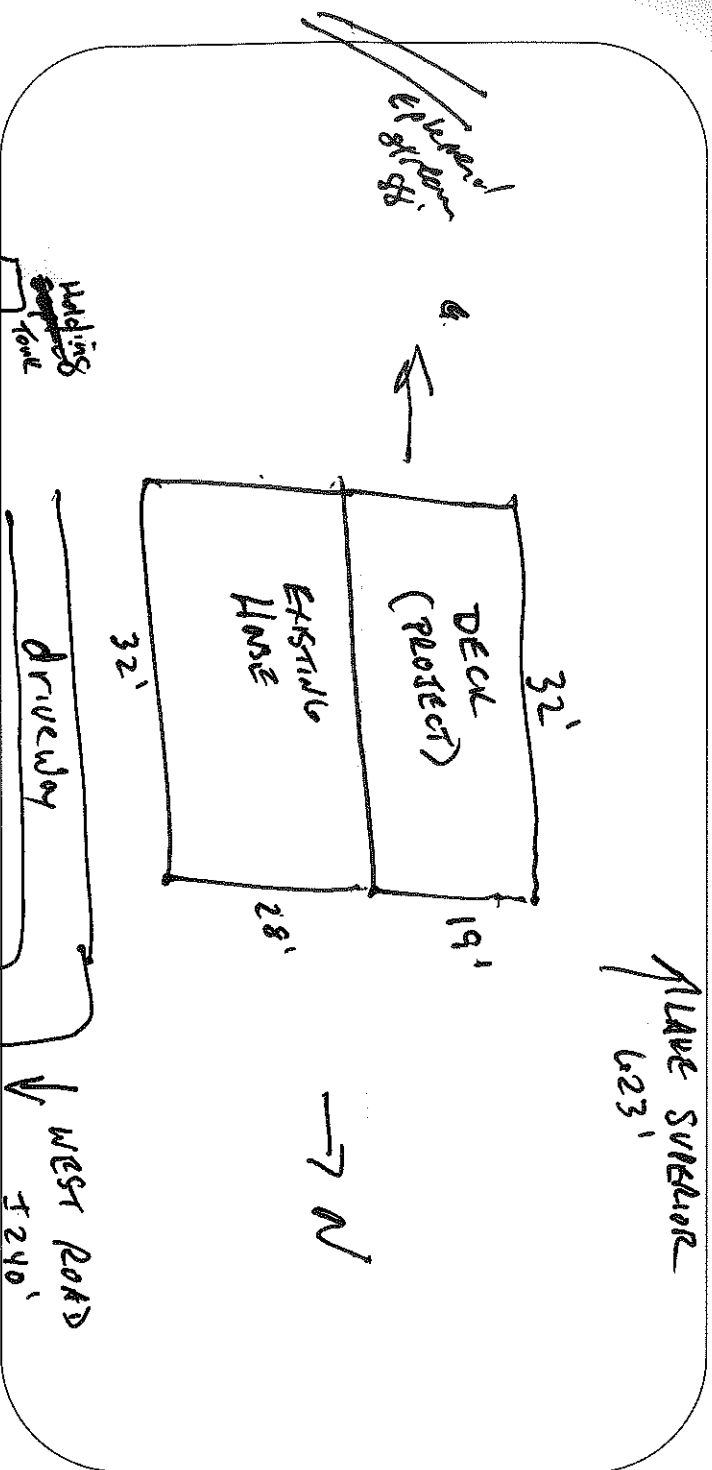
FAILURE TO OBTAIN A PERMIT BY STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
(I/we) declare that this application (including any accompanying information) has been examined by me and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we) acknowledge that (we) may be subject to Bayfield County zoning regulations and that (we) are (are not) providing in or with this application (I/we) consent to county officials charged with administering county ordinances to have access to the above described property at any time for the purpose of inspection.

Owner(s): [Signature] Date 3/5/17
(If there are Multiple Owners, All Owners must sign or (attorneys) of authorization must accompany this application)
Authorized Agent: [Signature] Date _____
(If you are signing on behalf of the owner(s), a notice of authorization must accompany this application)

Application fee (check amount): _____
APPLICANT PLEASE COMPLETE THIS PLAN ON REVERSE SIDE
Copy of this statement
If you actually purchase the property, send your recorded deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N) on Plot Plan**
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)
(8) Setbacks: (measured to the closest point) **Wetland.** **Changed in plan must be approved by the Planning & Zoning Dept.** **OK - we'll**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	± 240' Feet	Setback from the Lake (ordinary high-water mark)	623 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	88 Feet
Setback from the North Lot Line	± 200' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	± 300' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	± 420' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	± 250 Feet Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	± 100' Feet	Setback to Well	± 150' Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings, All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-1245	# of bedrooms: 1	Sanitary Date: 9-23-15
Permit Dated (Date): 17-0048		Reason for Denial: oversized system		
Permit Date: 8-10-17		FOR UNDER 15% imp		
Is Parcel a Sub-Standard Lot or Parcel in Common Ownership?		Yes (Check of record; if filed/contingent later)	No	
Is Structure Non-Conforming?		Yes	No	
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)	Case #:
Was Parcel Legally Created		Yes	No	
Was Proposed Building Site Designated		Yes	No	
Mitigation Required		Yes	No	
Attendant Required		Yes	No	
Attendant Attached		Yes	No	
Zoning District: 18-1		Date of Re-inspection:		

Inspection Record: *check - per new per day (1 hour inspection)*
large deck - they permitted on permit # 15-0366 - structure classification 11 September
3-9-17
Conditions: Town, Committee or Board Conditions Attached? Yes No - (if No they need to be attached)
non.

Signature of Inspector:	Date of Approval: 3-10-17
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>
Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>
	<input type="checkbox"/>